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CONFIRMATION NO. 6698

SERIAL NUMBER 10/506,890	FILING OR 371(c) DATE 09/07/2004 RULE	CLASS 704	GROUP ART UNIT 2654	ATTORNEY DOCKET NO. 1163-0515PUS1						
APPLICANTS Tsutomu Matsubara, Tokyo, JAPAN; Masato Hirai, Tokyo, JAPAN;										
** CONTINUING DATA ***** This application is a 371 of PCT/JP03/15993 12/12/2003										
** FOREIGN APPLICATIONS ***** JAPAN 2003-026107 02/03/2003										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; padding: 5px;"> Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;"> Examiner's Signature </div> <div style="width: 45%; text-align: center;"> Initials </div> </div> </td> <td style="width: 15%; padding: 5px; text-align: center;"> STATE OR COUNTRY JAPAN </td> <td style="width: 15%; padding: 5px; text-align: center;"> SHEETS DRAWING 6 </td> <td style="width: 15%; padding: 5px; text-align: center;"> TOTAL CLAIMS 9 </td> <td style="width: 10%; padding: 5px; text-align: center;"> INDEPENDENT CLAIMS 3 </td> </tr> </table>					Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;"> Examiner's Signature </div> <div style="width: 45%; text-align: center;"> Initials </div> </div>	STATE OR COUNTRY JAPAN	SHEETS DRAWING 6	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 3	
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ADDRESS 2292										
TITLE Vehicle mounted controller										
FILING FEE RECEIVED 920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Credit</td> </tr> </table>			<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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